

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							10/030857	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	INC.
1	/					51		
2	/					52		
3	/					53		
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46	/					96		
47	/					97		
48	/					98		
49	/					99		
50	/					100		
TOTAL		TOTAL		TOTAL		TOTAL		
IND.		IND.		IND.		IND.		
DEP.		DEP.		DEP.		DEP.		
TOTAL		TOTAL		TOTAL		TOTAL		
CLAIMS		CLAIMS		CLAIMS		CLAIMS		